

# Promoting Respectful, Nonviolent Intimate Partner Relationships through Individual, Community, and Societal Change

This document describes a five-year vision for CDC's work on intimate partner violence (IPV) prevention. The overall strategy in preventing IPV is to promote respectful, nonviolent relationships through individual-, relationship-, community-, and societal-level change. This will be done, in part, through programs, practices, and policies that help change behavior among individuals, couples, and families and create communities and societies that help produce and support these changes.

## *Background*

IPV is a serious public health problem in the United States and around the world. IPV is defined as actual or threatened physical, sexual, psychological, or emotional abuse by a current or former spouse (including common-law spouse), dating partner, or boyfriend or girlfriend.<sup>1</sup> Intimate partners can be of the same or opposite sex. This strategic direction applies to all forms of IPV. The accumulated body of research indicates that IPV is very common. For example, the National Violence Against Women Survey indicated that 22.1% of women and 7.4% of men experienced physical IPV at some point in their lifetime.<sup>2</sup> Other national studies show much higher rates of IPV and more equal rates of physical IPV perpetration by men and women,<sup>3</sup> although this finding remains controversial. Regarding other forms of IPV, women are more likely than men to experience rape<sup>2</sup> and stalking by a current or former intimate partner.<sup>4</sup> Population-based studies conducted in 48 countries indicate that 10% to 69% of women report having been physically assaulted by an intimate partner during their lifetime.<sup>5,6</sup> The health impact of IPV is substantial; it can result in fatal and nonfatal injuries and a wide range of adverse health consequences and, consequently, poses a substantial economic burden on society.<sup>7,8</sup> Most studies show that women suffer more injuries and burden from IPV than do men.<sup>9</sup>

IPV occurs largely behind closed doors. Nevertheless, there is much we can do to prevent it. The promotion of respectful, nonviolent intimate partner relationships provides a positive orientation to IPV prevention that is relatively new and essential for improving the quality of life for adults and children as well as for reducing a large burden on our health care system.



## *CDC's Role in Intimate Partner Violence Prevention*

CDC's IPV prevention program is coordinated by the Division of Violence Prevention (DVP) in the National Center for Injury Prevention and Control (NCIPC). The mission of DVP is to prevent violence-related injuries and deaths through surveillance, research and development, capacity building, communication, and leadership. In pursuit of that mission, DVP's public health approach complements other approaches such as those of the criminal justice and mental health systems. Its unique features and niche include:

- **An emphasis on primary prevention of violence perpetration.** DVP emphasizes efforts that focus on preventing violence before it occurs. DVP's primary prevention emphasis focuses on reducing the factors that put people at risk for perpetration while increasing the factors that protect people from becoming perpetrators of violence.
- **A commitment to a rigorous science base.** Monitoring and tracking trends, researching risk and protective factors, rigorously evaluating prevention strategies, programs and policies, and learning how best to implement them adds to the base of what is known about violence and how to prevent it.
- **A cross-cutting perspective.** Public health encompasses many disciplines and perspectives, making its approach well-suited for examining and addressing multifaceted problems like violence. Different sectors such as health, media, business, criminal justice, behavioral science, epidemiology, social science, advocacy, and education all play important roles in violence prevention. Different forms of violence intersect and relate to one another as well. For example, exposure to violence as a child is associated with IPV perpetration and victimization; IPV shares risk and protective factors with other forms of violence; and perpetrators of IPV are more likely to perpetrate other forms of violence.<sup>6</sup> Moreover, just as different forms of violence are related to each other, violence is also a cross-cutting issue in that it is associated with many other health problems.<sup>10,11</sup>
- **A population approach.** Part of public health's broad view is an emphasis on population health and not just the health of individuals. Violence is experienced acutely by individuals but its consequences and potential solutions affect society in general. The long-term goal is to achieve lasting change in the factors and conditions that place people at risk. This goal will be achieved through making changes at the individual, relationship, community, and societal levels of the social ecology to reduce rates of violence in populations.

### **CDC's Approach to Violence Prevention**

- An emphasis on primary prevention of violence perpetration
- A commitment to a rigorous science base
- A cross-cutting perspective
- A population approach

## *Rationale for Promoting Respectful, Nonviolent Relationships*

At the heart of DVP's strategic direction for preventing IPV is the promotion of respectful, nonviolent intimate partner relationships. The promotion of respectful, nonviolent relationships is not just the responsibility of individuals and partners, but also of the communities and society in which they live. Societal and community norms, policies, and structures create environments that can support or undermine respectful, nonviolent relationships.

It is clear that nonviolent relationships are those free from physical, sexual, and emotional violence.<sup>12</sup> The idea of a respectful relationship, however, requires more theoretical and conceptual development. As envisioned within this strategic direction, the concept of a respectful relationship encompasses the positive dimensions of factors that have been associated with increased risk of IPV. Developing and maintaining respectful relationships is difficult even under the best of circumstances. This is especially true because we don't always have good role models for these skills. In fact, many people in our society grew up in homes where they witnessed intimate partner violence between their parents.<sup>13</sup> It is also true that the cultural and social norms that guide what constitutes a respectful relationship differ across demographic groups and over time. And perhaps most importantly, there are few systematic attempts in our society to teach, model, and support the skills that foster respectful relationships. The following examples serve to highlight characteristics of respectful relationships that, if promoted, may have the potential to protect against IPV.

- **Belief in nonviolent conflict resolution.** Factors that directly or indirectly suggest a proclivity to use violence to resolve conflict in relationships are strongly associated with IPV. For example, a history of partner abuse is a risk factor for both male-to-female and female-to-male physical abuse perpetration.<sup>14</sup> More directly, attitudes condoning the use of violence to resolve conflicts have been strongly associated with male-to-female IPV.<sup>14, 15</sup> It stands to reason, therefore, that attitudes, beliefs, and behaviors consistent with the use of nonviolent means to resolve conflict may prevent IPV.
- **Effective communication skills.** The association of communication skills and styles with IPV has received substantial attention. Researchers have found, for example, that interactions between couples characterized by aversive behaviors, belligerence, contempt, overt hostility, and a demand-withdraw style of communication are associated with male-to-female physical violence and, in the case of a demand-withdraw communication style and poor verbal skills, male-to-female psychological violence.<sup>15, 16</sup> This research suggests that the capacity to communicate in ways that allow each partner to identify and share feelings and concerns in an open and safe way may prevent IPV.
- **Ability to negotiate and adjust to stress.** Adjusting to stress associated with significant life events as opposed to day-to-day stressors has been found to be moderately associated with male-to-female physical IPV.<sup>14, 15</sup> The capacity to negotiate and adjust to stressful life events without resorting to IPV may, therefore, be an important protective factor and another hallmark of a respectful relationship.
- **Belief in partner's right to autonomy.** A common dynamic of many violent relationships is the attempt of one partner to dominate and control the behaviors of the other partner. These attempts at power and control include behaviors such as controlling access to financial resources, restricting access to family and friends, confining the partner to the house, and not allowing the

partner to work; these behaviors have been empirically documented in terms of men's dominance of their female partners.<sup>17</sup> Some of men's dominating behaviors may be related to a traditional gender role ideology, which has been associated with male to female IPV.<sup>14</sup> These attempts to dominate the behaviors of a partner and adherence to a traditional gender role ideology are generally inconsistent with the notion that a partner is autonomous with respect to their behaviors, decisions, feelings, and beliefs. Therefore, promoting belief in partners' rights to autonomy is an essential strategy in promoting respectful relationships and preventing the psychological and physical controlling behaviors present in most IPV relationships.

- **Shared decision-making.** A factor found to be moderately related to male perpetration of physical IPV is the extent to which a relationship adheres to traditional gender roles, in which decision-making is viewed as the primary responsibility of the male partner.<sup>14</sup> Other research has found that those men with greater power needs are more likely to engage in physical violence towards their partner.<sup>15</sup> Researchers studying the relationship of masculinity to IPV suggest that it is not necessarily the belief in traditional attitudes towards women alone that influences IPV but how a male responds when his gender role expectations are challenged or threatened.<sup>18</sup> Relationships in which decision making and power are shared, therefore, are not likely to include IPV. The concepts of a partner's right to autonomy, as described earlier, and shared decision making may, at times, come into conflict. In a respectful relationship a balance between autonomy and shared decision making must be achieved, however, both remain important dimensions of respectful relationships.
- **Trust.** Jealousy or resentment towards a rival or potential rival for the affections of one's partner can be, depending on the situation, the antithesis of trust. Jealousy has consistently been associated with male to female physical violence.<sup>14,15</sup> The existence of mutual trust, therefore, may be another important characteristic of a respectful relationship that prevents IPV.

The research base supporting the protective value of respectful relationships as reflected by these factors is compelling but far from complete. To date, almost all available research has focused on factors that increase risk of perpetration and very little research has directly explored factors that may protect against IPV perpetration. Even this risk-factor research, however, is limited by the fact that it primarily focuses on only one type of IPV, physical abuse. In addition, the research base on risk factors is dominated by studies of male-to-female physical aggression and we, therefore, know far less about female-to-male IPV or violence in same-sex relationships.

Promoting respectful relationships as reflected in these protective factors can be accomplished in numerous ways. Relationship skills that protect against IPV could be taught to young people to provide them with the skills in communication, managing stress, building trust, and resolving conflicts nonviolently. These types of protective factors could also be promoted by communities through programs that provide support to couples negotiating stressful life events or provide means for couples to work out conflicts nonviolently. Efforts at the societal level could promote values consistent with more equitable sex roles by using men as agents of change to promote social norms supportive of respectful relationships. Initiating policies to increase the value of work done by women (e.g., tax credits for work in the home involving child care) and to obtain equal pay for women in similar jobs and with similar experience as men may help facilitate respectful relationships. These policies would provide women with a social standing that would be more equal to that of men than is currently the case. Programs and policies like these are already being implemented, and more needs to be learned about their effectiveness in preventing IPV.

**Key foci for promoting respectful, nonviolent relationships and preventing IPV.** There are two facets of promoting respectful, nonviolent relationships believed to be critical to making substantive progress in addressing this strategic direction.

- **Reducing social and economic disparities associated with IPV.** Respectful, nonviolent intimate partner relationships emerge from and are sustained within social contexts that help create and support them. The complex interplay of risk and protective factors for perpetration at all levels of the social ecology<sup>19,20</sup> must be considered in developing respectful, nonviolent intimate partner relationships. One set of factors associated with IPV that may provide a considerable obstacle to forming and promoting respectful, nonviolent relationships is disparities or inequities across the levels of the social ecology regarding fairness and justice in the distribution of and access to resources and opportunities.<sup>21,22</sup> Various studies have found that inequities by income, race, and sex are associated with IPV.<sup>18,19,23,24</sup> These disparities or inequities can be rooted in culture as well as institutional practices and policies (e.g., criminal justice, health, academic, and religious).<sup>25,26</sup> It is more difficult to form and promote respectful relationships in social contexts in which customs, policies, practices, attitudes, beliefs, and behaviors support social and economic disparities between partners.

### Key Foci for Promoting Respectful, Nonviolent Relationships and Preventing IPV

- Reducing social and economic disparities associated with IPV
- Interrupting the development of IPV

- **Interrupting the development of IPV.** One of the keys to primary prevention of IPV is understanding how violent behaviors develop. Understanding the natural development of violence perpetration is essential to identifying important critical intervention points as well as optimal intervention strategies and settings. The skills and personal characteristics that serve as the building blocks of respectful, nonviolent relationships are products of healthy development. A number of developmental pathways for IPV have been hypothesized; these pathways are rooted in early childhood exposure to maltreatment, a history of generally hostile, maladaptive parenting (not necessarily including maltreatment), or witnessing violence between parents.<sup>27,28</sup> Many studies show that IPV is most frequent among teens and young adults although how IPV perpetration develops is unclear. Recent longitudinal studies indicate that the development of IPV perpetration is linked to individual,<sup>29,30</sup> family,<sup>12,31-33</sup> relationship,<sup>34,35</sup> and peer factors.<sup>36,37</sup> However, the influence of these factors across development time points is not known. Also, little is known about how social- and community-level factors influence the development of IPV perpetration.

## Strategy

DVP's strategy is to work at the individual, relationship, community, and societal levels to develop and apply an evidence base for promoting respectful, nonviolent intimate relationships. This strategy is organized around four general priorities: measuring impact, identifying new approaches for promoting respectful relationships and preventing IPV, creating and evaluating new approaches to prevention, and building community capacity to implement evidence-based interventions, programs, or policies that promote respectful, nonviolent relationships.

## MEASURING IMPACT

- **Understanding, measuring, and monitoring respectful relationships.** The promotion of respectful relationships will be enhanced by clearer operationalization of the concept of respectful relationships and its specific dimensions, as well as development of valid and reliable measures. Once these factors and their dimensions are clearly operationalized, it will be important to include the corresponding measures in surveillance systems that enable us to monitor our progress in promoting them and their effect on IPV. It may be possible to combine efforts to establish a national and state-level surveillance system for IPV with efforts to monitor these positive aspects of relationships.
- **Develop a national and state-level surveillance system for IPV.** To monitor progress in preventing IPV through promoting respectful relationships, the United States needs a data source that systematically and routinely collects valid and reliable information on the magnitude and trends of the various types of IPV, as well as indicators of respectful relationships. This system is needed to help formulate public policies and prevention strategies and guide and evaluate progress in reducing the public health and social burden associated with IPV. These data are also critical for identifying and monitoring distinct types of IPV that may be associated with different developmental trajectories and that require different preventive approaches.

DVP's strategy is organized around four general areas of public health research and practice:

- Measuring impact
- Understanding the development of IPV perpetration and respectful relationships
- Creating and evaluating new approaches to prevention
- Building community capacity

## UNDERSTANDING THE DEVELOPMENT OF IPV PERPETRATION AND RESPECTFUL RELATIONSHIPS

- **Identify and understand contexts of IPV perpetration and their development.** The nature and circumstances under which IPV is perpetrated are thought to occur in distinctly different ways. For example, some researchers have distinguished between situational couple violence and intimate terrorism.<sup>38</sup> Situational violence is thought to arise when conflict situations escalate into violence but is not thought to be grounded in controlling behaviors. Intimate terrorism, on the other hand, is thought to be grounded in one person's effort to exert control over their partner using many tactics, including violence. Whether this specific typology holds up under further study remains to be seen; however, it remains important to identify and understand the different contexts of IPV perpetration so that appropriate prevention strategies for promoting respectful, nonviolent intimate partner relationships can be developed and implemented with appropriate populations. An important aspect of understanding different contexts of IPV perpetration is to understand how community- and social-level disparities lead to the development of different types and contexts of IPV perpetration; such an understanding will inform the development of community- and societal-level interventions and policies to prevent IPV.

- **Improve understanding of the factors that contribute to respectful intimate partner relationships and prevent IPV.** The concept of respectful relationships requires that we improve our knowledge about factors, including social determinants, that prevent the perpetration of IPV rather than focusing solely on risk factors. A better understanding of these factors has the potential to open up new avenues to promote respectful relationships and prevent IPV. These factors should be examined at the individual, relationship, community, and societal level of the social ecology.

## CREATING AND EVALUATING NEW APPROACHES TO PREVENTION

- **Identify and evaluate interventions, programs, and policies that prevent IPV through the promotion of respectful, nonviolent relationships.** Although respectful, nonviolent relationships are incompatible with IPV, prevention of IPV through the promotion of respectful relationships has yet to be demonstrated empirically. Strategies for promoting respectful relationships at the various levels of the social ecology must first be developed. Evaluation research should then be conducted to determine if such approaches are effective at preventing IPV. Additional research areas of inquiry should include moderators of any intervention effects, such as differences by population, disparities, or type of IPV. This evaluation research should include efforts to document the economic efficiency of effective approaches to prevention.
- **Identify and evaluate interventions, programs, and policies that interrupt the development of IPV perpetration.** Further descriptive and etiologic research is needed to understand the types of IPV perpetration and their development. Nevertheless, research can and should proceed to evaluate the effectiveness of interventions, programs, and policies that are designed to interrupt developmental trajectories leading to IPV perpetration as it is currently understood. Interventions or programs that attempt to intervene to prevent adolescent dating violence as a strategy to prevent intimate partner violence in adulthood, for example, would be consistent with this strategic priority. Attempts to mitigate or modify risk or protective factors or disparities associated with child development that lead to IPV perpetration would also be consistent. This evaluation research should address strategies at all levels of the social ecology and document the economic efficiency of effective approaches to prevention.

## BUILDING COMMUNITY CAPACITY

- **Build community receptivity and capacity to implement evidence-supported interventions, programs, or policies that promote respectful, nonviolent relationships.** The concept of a public health approach for IPV primary prevention is relatively new. Moreover, the idea of preventing IPV by promoting respectful relationships or interrupting developmental trajectories leading to IPV is even newer. Accordingly, few evidence-based strategies for IPV primary prevention are actually effective in preventing IPV perpetration. Framing, communication, and dissemination strategies are needed to help communities and their leaders understand the long-term benefits of investments in primary prevention and appropriate public health approaches that promote respectful, nonviolent relationships. Building community receptivity and capacity facilitates implementing evidence-supported health promotion and prevention interventions, programs, and policies that have been successful in addressing other public health problems. These efforts maximize the opportunity for community participation by clarifying barriers to cooperation and outlining key actions to foster a multidisciplinary, collaborative, evidence-supported approach to IPV prevention.

- **Develop prevention and strategy-guidance products for promoting respectful, nonviolent relationships in communities.** Developing tools that assist communities in applying IPV-prevention knowledge and evidence-supported health promotion and prevention interventions, programs, and policies is critical for building community capacity. These tools may include strategy-guidance products that help community planners, practitioners, and policy makers select the appropriate type and mix of strategies for promoting respectful, nonviolent relationships in their community. Evaluation tools that help communities monitor the programs they have implemented to determine whether the expected and intended outcomes are being achieved are also critical to building community capacity to promote respectful, nonviolent relationships.
- **Establish partnerships that facilitate dissemination and successful implementation of evidence-supported interventions, programs, or policies that promote respectful, nonviolent relationships.** Partnerships at the national, state, and community level that provide multiple perspectives on understanding, measuring, and monitoring nonviolent, respectful relationships are needed. Such partnerships would facilitate adopting evidence-supported health promotion and prevention interventions, programs, and policies for IPV by communities throughout the United States. DVP is developing these partnerships to increase the awareness of key stakeholders about evidence-supported strategies and to promote a common view of IPV prevention. Additionally, through these partnerships, DVP can more effectively collaborate with stakeholders in diverse fields (e.g., health, law, education, advocacy) and within the respective networks of our partners to promote evidence-supported intervention, programs, and policies. These partnerships can help direct and redirect limited resources toward evidence-supported health promotion and prevention interventions, programs, and policies for IPV prevention.

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